



Department of Growth Management
Building Division

WORK EXPERIENCE AFFIDAVIT

I hereby verify that I have at least four (4) years of active experience as a workman who has learned his/her trade by serving an apprenticeship, or a skilled worker who is able to command the rate of mechanic in his/her particular trade, and have at least one (1) year of active experience at the level of foreman who is in charge of a group of workers and usually is responsible to a superintendent, or a contractor, or his equivalent.

This experience has been received as follows:

TRADE	COMPANY NAME & ADDRESS	DATES
_____	_____	_____
_____	_____	_____
_____	_____	_____

Falsifying any of the above information will result in revocation of your Lake County Competency Card.

Print Name

Signature

Date

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____, who is personally known to me or who has produced _____ as identification and who did _____ or did not _____ take an oath.

Notary Public (Signature)

(SEAL)